

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

Eastern District of New York  
(State)

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

Official Form 201

## Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name 4921 12th Avenue LLC

2. All other names debtor used in the last 8 years

Include any assumed names,  
trade names, and *doing business*  
as names

3. Debtor's federal Employer Identification Number (EIN) 20-0581630

#### 4. Debtor's address

Principal place of business

4921 12th Avenue

Number	Street
--------	--------

Brooklyn NY 11219  
City State ZIP Code

City	State	ZIP Code
------	-------	----------

## Kings

County

Mailing address, if different from principal place of business

Number	Street
--------	--------

P.O. Box

City	State	ZIP Code
------	-------	----------

**Location of principal assets, if different from principal place of business**

Number	Street
--------	--------

City	State	ZIP Code
------	-------	----------

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)☐ Other, Specify: \_\_\_\_\_

Debtor 4921 12th Avenue LLC  
Name

Case number (if known) \_\_\_\_\_

## 7. Describe debtor's business

## A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☒ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

## B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.5 3 1 1

## 8. Under which chapter of the Bankruptcy Code is the debtor filing?

## Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

## 9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

## 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

Debtor 4921 12th Avenue LLC Case number (if known) \_\_\_\_\_  
Name

**11. Why is the case filed in this district?**

*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** *(Check all that apply.)*

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

*Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**15. Estimated assets**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

Debtor 4921 12th Avenue LLC Case number (if known) \_\_\_\_\_  
Name

## 16. Estimated liabilities

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million             | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million           | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million          | <input type="checkbox"/> More than \$50 billion        |

## Request for Relief, Declaration, and Signatures

**WARNING** — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

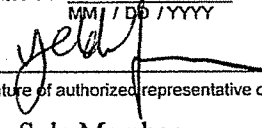
## 17. Declaration and signature of authorized representative of debtor

- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☒ I have been authorized to file this petition on behalf of the debtor.
- ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/20/2018  
MM / DD / YYYY

☒

  
 Signature of authorized representative of debtor

Yehuda Salamon

Printed name

Title Sole Member

## 18. Signature of attorney

☒

  
 Signature of attorney for debtor

Date 12/20/2018

MM / DD / YYYY

Michael Levine

Printed name

Levine & Associates, P.C.

Firm name

15 Barclay Road  
 Number Street

Scarsdale

City

N.Y. 10583

State

ZIP Code

914-600-4288

Contact phone

ml@LevLaw.org

Email address

1162585

Bar number

N.Y.

State

**Resolution of 4921 12<sup>th</sup> Avenue LLC  
to File Chapter 11 Reorganization**

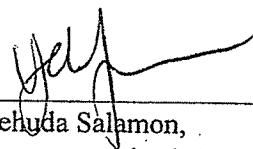
**WHEREAS**, the Corporation is insolvent and unable to pay its debts when due, and

**WHEREAS**, the Corporation and its creditors would best be served by reorganization of the Corporation under Chapter 11 of the Bankruptcy Code, be it:

**RESOLVED**, that the Corporation file as soon as practicable for reorganization pursuant to Chapter 11 of the Bankruptcy Code.

The undersigned hereby certifies that he is the duly elected and qualified Secretary, sole Member of, and the custodian of the books and records and seal of 4921 12<sup>th</sup> Avenue LLC, a limited liability company duly formed pursuant to the laws of the state of New York, and that the foregoing is a true record of a resolution duly adopted at a meeting of the Members, and that said meeting was held in accordance with state law and the Bylaws of the above-named Limited Liability Company on December 20, 2018, and that said resolution is now in full force and effect without modification or rescission.

**IN WITNESS WHEREOF**, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 20<sup>th</sup> day of December, 2018.

  
\_\_\_\_\_  
Yehuda Salamon,  
Secretary and sole Member

## Fill in this information to identify the case:

Debtor name 4921 12th Avenue LLC  
 United States Bankruptcy Court for the: Eastern District of New York  
 (State)  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

## Part 1: List Creditors Who Have Secured Claims

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A  
Amount of claim  
Do not deduct the value  
of collateral.

Column B  
Value of collateral  
that supports this  
claim

<p><b>2.1</b> Creditor's name <u>Beis Chasidei Gorlitz</u></p> <p>Creditor's mailing address <u>c/o Herrick Feinstein, LLP</u> <u>2 Park Avenue, New York, NY</u> <u>10016</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>August 30, 2016</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.            _____</p>	<p>Describe debtor's property that is subject to a lien <u>Real Property located at 4921 12th Avenue, Brooklyn, NY</u></p> <p>Describe the lien <u>Mortgage Lien</u></p> <p>Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p>	<p><u>\$ 11,945,029</u></p>	<p><u>\$ 10,000,000</u></p>
<p><b>2.2</b> Creditor's name <u>Galster Funding, LLC</u></p> <p>Creditor's mailing address <u>c/o Harry Zubli, Esq.</u> <u>1010 Northern Blvd, Suite 310</u> <u>Great Neck, NY 11021</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>February 5, 2004</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.            _____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien <u>Real Property located at 4921 12th Avenue, Brooklyn, NY</u></p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p>	<p><u>\$ 8,929,916</u></p>	<p><u>\$ 10,000,000</u></p>
<p>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</p>		<p><u>\$ 20,874,945</u></p>	

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

[illegible]

## Fill in this information to identify the case:

Debtor 4921 12th Avenue LLC

United States Bankruptcy Court for the: Eastern District of New York  
(State)

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1. **NONE**

	Total claim	Priority amount
<b>2.1</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	\$ _____
_____	Check all that apply.	
_____	<input type="checkbox"/> Contingent	
_____	<input type="checkbox"/> Unliquidated	
_____	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
_____	_____	
Last 4 digits of account number _____	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

<b>2.2</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	\$ _____
_____	Check all that apply.	
_____	<input type="checkbox"/> Contingent	
_____	<input type="checkbox"/> Unliquidated	
_____	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
_____	_____	
Last 4 digits of account number _____	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

<b>2.3</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	\$ _____
_____	Check all that apply.	
_____	<input type="checkbox"/> Contingent	
_____	<input type="checkbox"/> Unliquidated	
_____	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
_____	_____	
Last 4 digits of account number _____	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	



Debtor

Name

Case number (if known)

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2. **NONE**

Amount of claim

**3.1 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**3.2 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**3.3 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**3.4 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**3.5 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**3.6 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

Debtor

Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

0

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 0

5b. Total claims from Part 2

5b.

+

\$ 0

5c. Total of Parts 1 and 2

5c.

\$ 0

Lines 5a + 5b = 5c.